

Children's Dental Services

Preventive Services

	ls th	e service Cove	red?		
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations
Cleanings	Х			2 x year	
Fluoride treatments (including fluoride varnishes)	Х			2 x year	
Sealants (list any tooth-specific limits)	Х				
Space maintainers	Х				

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Diagnostic Services

	ls th	ne service Cover	red?			
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Recommended age of first visit?
Dental examinations						
	Х			2 x year		1
X-Rays						
Bitewing	Х					
Full Mouth	Х					
Panoramic	Х			1 x every 3 years		

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Treatment Services

	Is the service Covered?		red?			
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Fillings						
Silver amalgam	Х				Posterior Teeth	
Tooth colored composite	Х					
Crowns/tooth caps						
Stainless steel crowns	Х				Replacement of lost or defective crowns allowed once every 5 calendar years, when not part of a bridge.	
Metal (only) crowns	Х					
Metal/porcelain crowns	Х					
Porcelain (only) crowns	Х					
Root Canals (endodontics)						
Root canals on baby teeth (pulpotomies)	X					
Root canals on permanent teeth	Х					
Gum (periodontal) therapy				•	•	
	X					

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	ls th	Is the service Covered?				
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Dentures						
Partial dentures	X				Replacement allowed once every 5 calendar years.	
Complete dentures	X				Replacement allowed once every 5 calendar years.	
Bridges	X				Replacement allowed once every 5 calendar years.	
Orthodontics*						
Retainers (orthodontic)		Х				
Braces		Х			Comprehensive orthodontic treatment must meet a 20 point criteria.	
Oral surgery						
Simple extractions	X					
Surgical extractions	X					
Care of abscesses	X					
Cleft palate treatment			Х		Covered under the medical policy.	
Cancer treatment			Х		Covered under the medical policy.	
Treatment of fractures	Х					

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	Is the service Covered		red?			
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Biopsies	Х					
Treatment of jaw joint problems (TMJ)						
			Х		Covered under the medical policy.	
Emergency room services provided by a	dentist					
			Х			
Inpatient Hospital Services						
			Х			
Anesthesia						
General anesthesia	Х					
Intravenous conscious sedation			х			When provided by an anesthesiologist (MD), nurse anesthesist or oral surgeon and not in conjuction with routine dental care.
Non-intravenous conscious sedation			Х			

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	ls th	s the service Covered?				
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Analgesia (nitrous oxide)	Х					

^{*} When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).

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